PTO/SB/05 (4/98)
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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. 481340010027

First Inventor or Application Identifier Karmouch

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)) Express Mail Label No. EL486351872US

Title

		Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC, 20231			
APPLICATION ELEMENTS See MPEP chairer 600 concerning utility patent application contents. X * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. X Specification [Total Pages 23] - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. X Drawing(s) (35 U.S.C. 113) [Total Sheets 6] 4. Oath or Declaration [Total Pages 3] a. X Newly executed (original or copy) b. Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) i. Deletion OF Inventions Statement (IDS)/PTO-1449 Citations 11. Preliminary Amendment 12. X Shall Entity Statement filed in prior application, (PTO/SB/09-12) Status still proper and desired (PTO/SB/09-12) Status still proper and desired (PTO/SB/09-12) Status still proper and desired (PTO/SB/09-12)					
inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). **NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).					
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: Continuation Divisional Continuation-in-part (CIP) Of prior application No: Prior application information: Examiner Group / Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby hocorporated by reference. The Incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 17. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here)					
Nanie	David B. Cochran, Esq. Jones, Day, Reavis & Pog				
Address	North Point 901 Lakeside Avenue				
City	Cleveland State	OH Zip Code 44114			
Country	US Telephone	216/586-3939 Fax 216/579-0212			
Name (Print/Type) David B. Cochran Registration No. (Attorney/Agent) 39,142					

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PTO/SB/17 (12/99)
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FEE TRANS	MITTAI	Complete if Known			
		Application Number			
for FY 2	000	Filing Date			
Patent fees are subject to ar	nnual revision.	First Named Inventor	Karmouch		
Small Entity payments <u>must</u> be supported otherwise large entity fees must be paid.	See Forms PTO/SB/09-12.	Examiner Name			
See 37 C.F.R. §§ 1.27 and 1.28.		Group / Art Unit			
TOTAL AMOUNT OF PAYMENT	(\$)730.00	Attorney Docket No.	481340010027		

METHOD OF PAYMENT (check one)		F	EE CALCULATION (c	ontinued)		
The Commissioner is hereby authorized to charge		3. ADDITIONAL FEES				
indicated loss and crount any over payments to.	Fee Fee		y Fee Description	on .	Fee Paid	
Account 501432	Code (\$)	Code (\$)	•			
Number	105 130	205 65	Surcharge - late filing fee or			
Account Jones Day	127 50	227 25	Surcharge - late provisional cover sheet.	illing lee or		
Name Jones, Day	139 130	139 130	Non-English specification	•		
Charge Any Additional Fee Required Under 37 CFR §§ 1,16 and 1,17	147 2,520	147 2,520	For filing a request for reexa	mination		
Children of Christian Life	112 920*	112 920°	Requesting publication of SIR prior to Examiner action			
2. Payment Enclosed: Check Money Other	113 1,840*	113 1,840	Requesting publication of Si Examiner action	R after		
	115 110	215 55	Extension for reply within fire	st month		
FEE CALCULATION	116 380	216 190	Extension for reply within se	cond month		
1. BASIC FILING FEE Large Entity Small Entity	117 870	217 435	Extension for reply within the	rd month		
Fee Fee Fee Fee Description	118 1,360	218 680	Extension for reply within fo	urth month		
404 000 004 045 4866-66-4-	128 1,850	228 925	Extension for reply within fif	th month		
106 310 208 155 Design filing fee 690	119 300	219 150	Notice of Appeal			
107 480 207 240 Ptant filing fee —	120 300	220 150	Filing a brief in support of a	n appeal	 	
108 690 208 345 Reissue filing fee	121 260	221 130	Request for oral hearing Petition to institute a public	una acceptadina		
114 150 214 75 Provisional filing fee	138 1,510	138 1,510	Petition to revive - unavoida			
SUBTOTAL (1) (\$) 690.00	140 110	240 55	Petition to revive - unintention			
2. EXTRA CLAIM FEES	141 1,210 142 1,210	241 605 242 605	Utility issue fee (or reissue)			
Fee from	143 430	242 005	Design issue fee	•		
Extra Claims below Fee Paid Total Claims 9 -20** = 0 x - = -	144 580	244 290	Plant issue fee		 	
Independent 2 - 3** = 0 x - = -	122 130	122 130	Petitions to the Commissioner			
Multiple Dependent	123 50	123 50	Petitions related to provision	al applications		
or number previously paid, if greater; For Relssues, see below	126 240	126 240	Submission of Information E	isclosure Stmt		
Large Entity Fee Fee Fee Fee Description	581 40	581 40	Recording each patent assign	anment per		
Code (\$) Code (\$)			property (times number of p		40	
103 18 203 9 Claims in excess of 20	146 690	246 345	Filing a submission after final (37 CFR § 1.129(a))	al rejection		
102 78 202 39 Independent claims in excess of 3 104 260 204 130 Multiple dependent claim, if not paid	149 690	249 345	For each additional inventio			
104 260 204 130 Multiple dependent claim, if not paid 109 78 209 39 ** Relasue independent claims			examined (37 CFR § 1.129)	b))		
over original patent	Other fee (sp	ecify)				
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Other fee (sp	pecify)				
SUBTOTAL (2) (\$) -0- Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)40.00						
SUBMITTED BY Complete (if applicable)						
Name (Print Type) David B. Cochran Registration No. 39,142 Telephone 216/586-3939						
Signature T C TR ()						

SUBMITTED BY		Complete (ii	l applicable)	
Name (PrintType) David B. Cochran	Registration No. (Altomey/Agent) 39,142	Telephone	216/58	6-3939
Signature B. Co.	lna-	Date	9/29	7000
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